| Date of Shipment: Responsible for Payment: Transport | orter Truck #: | Facility#: G | iven by TPS: | Lo | |
|--|--|--|----------------------------------|---|--|
| Generator's Name and Billing Address: DOUGLAS AIR CRAFT COMPANY DEPARTMENT C1-710, MC 127-10 3855 LAKEWOOD BLVD. LONG BEACH, CA. 90846 SITE ADDRESS: 19503 S. NORMANDIE TORRANCE | Generator's Plaon Person to Contact | e#: 3 7726 | | US EPA ID No. | |
| | FAX#; | general control of the control of th | Customer Ac | ccount Number with T | |
| Consultant's Name and Billing Address: Maness Environmental Srvcs Inc. | Consultant's Pho | ne#: 195-4555 | | | |
| 1101 E. Spring Street | Person to Contact Richard | Okuda | | | |
| Long Beach, CA 90807 | FAX#: see | | Customer Account Number with TP | | |
| Generation Site (Transport from): (name & address) | Site Phone #: | Site Phone #: | | BETX Levels | |
| | Person to Contac | Person to Contact: | | TPH Levels | |
| | FA X #:) | **** | AVG. Levels | | |
| Designated Facility (Transport to): (name & address) | Facility Phone #: | 362-8001 | Facility Perm | nit Numbers | |
| 12328 Hibiscus Avenue | Person to Contac | t: | | | |
| Adelanto, California 92301 | FAX#19) i | 246-8004 | | | |
| Transporter Name and Mailing Address: Maness Environmental Srvcs Inc. | Transporter's Pho | Transporter's Phone #: | | Transporter's US EPA ID No.: | |
| 1101 E. Spring Street | Person to Contac | Person to Contact Richard Okuda Transporter's DOT No.: | | s DOT No.: | |
| Long Beach, CA 90807 | FA X #:) | 14 ook | Customer A | ccount Number with T | |
| Description of Soil Moisture Content Contaminated by: Ap | prox. Qty: Desc | ription of Delivery | Gross Weigh | nt Tare Weight Net | |
| Sand | 77 t | | | | |
| Sand | | | | | |
| List any exception to items listed above: | | | <u></u> | | |
| Generator's and/or consultant's certification: I/We certify that the Data Sheet completed and certified by melus for the Generation Situater it in any way. | soil referenced herei e shown above and | n is taken entirely f nothing has been ad | rom those soil ded or done to | ls described in the S o such soil that woi | |
| Print or Type Name: Generator Consultant Con | Signature and date: | B. Tack | 10 | Month Day | |
| Transporter's certification: I/We acknowledge receipt of the soil descondition as when received. I/We further certify that this soil is bei without off-loading, adding to, subtracting from or in any way dela | scribed above and c ng directly transpo | ertify that such soil rted from the Genera | is being deliv | ered in exactly the s he Designated Facil | |
| Print or Type Name: | Signature and date: | 1.5 |) / | Month Day | |
| Discrepancies: Recycling Facility certifies the receipt of the soil covered by this ma | mifest except as no | ted above: | | | |
| | Signature and date: | | | 98 (2000) 1 | |